

CDC CRCCP Indirect/Non-medical Cost Study - FIT Questionnaire

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A. INFORMATION ABOUT YOU

A1. When is your birthday?

Month:

Day:

Year:

A2. Are you...

- Male
- Female

A3. What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino



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A. INFORMATION ABOUT YOU

A4. What race or races are you? (check all that apply)

- American Indian or Alaska Native*
- Asian*
- Black or African American*
- Native Hawaiian or Other Pacific Islander*
- White*

A5. Are you fluent in English?

- Yes*
- No*



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A. INFORMATION ABOUT YOU

A5.a *If you answered no above, what is your primary language?*



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A. Education and Employment Information

A6. What is the highest grade of school or college you finished?

- Elementary School (preschool to 6th grade)
- Middle School (7th or 8th grade)
- High School (9th through 12th grade - No Diploma)
- High School Diploma or GED
- Some college credit, technical or associate degree (AA)
- College bachelor's degree (BA, BS, AB)
- College master's or doctoral degree (MA, MS, MSW, PhD, MD)

A7. At this time, are you...

- Working
- Not working
- Staying at home to work or keeping house
- Retired



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A. Education and Employment Information

A8. Are you presently working part-time or full-time?

- Part-time
- Full-Time

A9. How are you paid for your work?

- By the hour
- A certain amount every month

A10. Which best describes your job?

- Service (like a home health aide, fire fighter, cook, maid, waitress or gardener/landscaper)
- Sales (like a store cashier, real estate agent, or car salesman)
- Office and administrative (like a secretary or bookkeeper)
- Farming, fishing, and forestry (like a farmer, animal breeder, shrimper or fisher, or logger)
- Construction and extraction (like a construction worker, carpenter, electrician, brick layer, or miner)
- Installation, maintenance, and repair (like an auto mechanic, glass installer, or locksmith)
- Production (like a baker, factory worker, food processor (like chicken production), or vegetable/fruit harvester)
- Transportation and material moving (like road or railroad worker, bus or cab driver, truck driver, garbage collector, or furniture mover)
- Professional (like a teacher, social worker, or nurse)
- Management, business, and financial (like a bank teller, supervisor, or manager)
- Other



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A. Education and Employment Information

A10.a Please Specify:



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A. Education and Employment Information

A11. Did you have to miss work to complete any part of the screening process?

- Yes
- No



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A. Education and Employment Information

A11.a Did you miss work to attend a pre-screening office visit?

- Yes
- No



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A. Education and Employment Information

A11.b How much work time did you miss?

Hours

Minutes



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A. Education and Employment Information

A11.c Did you miss work to prepare for your FIT?

- Yes
- No



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A. Education and Employment Information

A11.d How much work time did you miss?

Hours

Minutes



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A. Education and Employment Information

A11.e Did you miss work to complete your FIT?

- Yes
- No



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A. Education and Employment Information

A11.f How much work time did you miss?

Hours

Minutes



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A. Education and Employment Information

A11.g Did you miss work to attend a post-screening office visit?

- Yes
- No



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A. Education and Employment Information

A11.h How much work time did you miss?

Hours

Minutes



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A. Health Insurance Status

A12. Do you have health insurance or any kind of money help paying for your health care costs?

- Yes
- No



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A. Health Insurance Status

A12.a If you answered YES above, which type of health insurance do you have?

- Private health insurance (Blue Cross, Aetna, etc. - including through your job)
- Medicare
- Medicaid / Medical Coupons / CHIP
- Military or Veterans Administration
- Indian Health Service
- No insurance (self pay for all health care costs)



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B. INFORMATION ABOUT YOUR PRE-SCREENING OFFICE VISIT

B1. Did you visit a nurse or doctor before you were given your FIT (the take-home test given to you to check for colorectal cancer)?

- Yes
- No



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B. Information About Your Pre-Screening Office Visit

B1.a How much time did you spend at the doctor's office? Count from the time you arrived until the time you left.

Hours

Minutes



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B. Information About Your Pre-Screening Office Visit

B1.b Thinking about your travel time, how much time did you spend getting to the clinic and getting home again?

Hours

Minutes



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B. Information About Your Pre-Screening Office Visit

B2. Did you get to the doctor's office or clinic by car?

- Yes
- No



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B. Information About Your Pre-Screening Office Visit

B2.a Did someone else have to drive you to the doctor's office or clinic?

- Yes
- No



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B. Information About Your Pre-Screening Office Visit

B2.b Did you have to pay someone to drive you to the doctor's office or clinic?

- Yes
- No



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B. Information About Your Pre-Screening Office Visit

B2.c How much did you pay someone to drive you?

Paid \$:



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B. Information About Your Pre-Screening Office Visit

B2.d Did you pay to park or did you have to pay your driver to park at the doctor's office or clinic?

- Yes
- No



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B. Information About Your Pre-Screening Office Visit

B2.e How much did you pay to park?

Paid \$:



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B. Information About Your Pre-Screening Office Visit

B3. Did you travel by bus, train, or taxi?

- Yes
- No



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B. Information About Your Pre-Screening Office Visit

B3.a How much did it cost?
Paid \$:



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B. Information About Your Pre-Screening Office Visit

B4. If you used another way to get to the doctor's office, please describe:



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C. INFORMATION ABOUT PREPARING FOR YOUR FIT

C1. Did you have to pay for the FIT (the take-home test given to you to check for colorectal cancer)?

- Yes
- No



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C. Information About Preparing For Your FIT

C1.a How much did you pay?

Paid \$:



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C. Information About Preparing For Your FIT

C2. Did you have to buy a stamp to mail your FIT test cards back to your doctor or clinic?

- Yes
- No



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C. Information About Preparing For Your FIT

C2.a How much did you pay?

Paid \$:



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C. Information About Preparing For Your FIT

C3. How long did it take you to read the instructions for taking the FIT?

Hours

Minutes



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C. Information About Preparing For Your FIT

C4. How much time did it take for you to finish each stool card?

Card 1: Hours

Card 1: Minutes

Card 2: Hours

Card 2: Minutes



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C. Information About Preparing For Your FIT

C5. Did you have to spend any other money when preparing for your FIT that we did not ask about? If so, please tell us the amount you spent.

Amount Paid \$:



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D. INFORMATION ABOUT YOUR POST-SCREENING VISIT

D1. Did you have to visit your doctor's office or clinic after your FIT to get the results?

- Yes
- No



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D. Information About Your Post-Screening Visit

D1.a How much time did you spend at the doctor's office? Count from the time you arrived until the time you left.

Hours

Minutes



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D. Information About Your Post-Screening Visit

D1.b Thinking about your travel time, how much time did you spend getting to the clinic and getting home again?

Hours

Minutes



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D. Information About Your Post-Screening Visit

D2. Did you get to the doctor's office by car?

- Yes
- No



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D. Information About Your Post-Screening Visit

D2.a Did someone else have to drive you to the doctor's office or clinic?

- Yes
- No



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D. Information About Your Post-Screening Visit

D2.b Did you have to pay someone to drive you to the doctor's office or clinic?

- Yes
- No



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D. Information About Your Post-Screening Visit

D2.c How much did you pay someone to drive you?

Paid \$:



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D. Information About Your Post-Screening Visit

D2.d Did you pay to park or did you have to pay your driver to park at the doctor's office or clinic?

- Yes
- No



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D. Information About Post-Screening Visit

D2.e How much did you pay to park?

Paid \$:



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D. Information About Post-Screening Visit

D3. Did you travel by bus, train, or taxi?

- Yes
- No



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D. Information About Post-Screening Visit

D3.a How much was the fare?

Paid \$:



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D. Information About Post-Screening Visit

D4. If you used another way to get to the doctor's office, please describe:



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E. INFORMATION ABOUT THE PERSON ACCOMPANYING YOU

E1. Did someone go with you to doctor's visits?

- Yes
- No



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E. Information About The Person Accompanying You

E2. Is this person:

- Your husband or wife*
- Friend*
- Other family member*
- Other caregiver*



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E. Information About The Person Accompanying You

E3. At present, is this person working?

- Yes
- No



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E. Information About The Person Accompanying You

E3.a Is this person:

- Not working
- Retired
- Staying at home to work or keeping house



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E. Information About The Person Accompanying You

E4. If working, does this person work part-time or full-time?

- Part-time
- Full-Time

E5. If working, is this person paid:

- By the hour
- A certain amount every month

E6. If employed, which category best describes the occupation of this person?

- Service (like a home health aide, fire fighter, cook, maid, waitress or gardener/landscaper)
- Sales (like a store cashier, real estate agent, or car salesman)
- Office and administrative (like a secretary or bookkeeper)
- Farming, fishing, and forestry (like a farmer, animal breeder, shrimper or fisher, or logger)
- Construction and extraction (like a construction worker, carpenter, electrician, brick layer, or miner)
- Installation, maintenance, and repair (like an auto mechanic, glass installer, or locksmith)
- Production (like a baker, factory worker, food processor (like chicken production), or vegetable/fruit harvester)
- Transportation and material moving (like road or railroad worker, bus or cab driver, truck driver, garbage collector, or furniture mover)
- Professional (like a teacher, social worker, or nurse)
- Management, business, and financial (like a bank teller, supervisor, or manager)
- Other



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E. Information About The Person Accompanying You

E6.a *Please Specify:*



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F. COST OF CHILD OR ELDER CARE

F1. Do you or the person who drove you have a child/children or an elderly person whom you take care of during the day?

- Yes
- No



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F. Cost of Child or Elder Care

F1.a Did you or *the person who came with you* have to find someone else to keep the children or elderly person while you were at the doctor's office or clinic for any of your visits (please consider all appointments related to your FIT screening)?

- Yes
- No



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F. Cost of Child or Elder Care

F1.b Did you have to pay this person to keep your children or elderly person while you were at the doctor's office or clinic?

- Yes
- No



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F. Cost of Child or Elder Care

F1.c How much did you pay?

Paid \$:



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Thank you for completing this survey.



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